



(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

Primary Examiner (Date)

Total Claims Allowed: 13

O.G.
Print Claim(s)

O.G.
Print Fig.

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
5	5		35		65		95
6	6		36		66		96
7	7		37		67		97
8	8		38		68		98
9	9		39		69		99
10	10		40		70		100
	11		41		71		101
	12		42		72		102
	13		43		73		103
	14		44		74		104
	15		45		75		105
	16		46		76		106
	17		47		77		107
	18		48		78		108
	19		49		79		109
11	20		50		80		110
12	21		51		81		111
13	22		52		82		112
	23		53		83		113
	24		54		84		114
	25		55		85		115
	26		56		86		116
	27		57		87		117
	28		58		88		118
	29		59		89		119
	30		60		90		120
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